

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10-088493

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1									
2							51			
3							52			
4							53			
5							54			
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44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	1						100			
TOTAL DEP.	10									
TOTAL CLAIMS	11									